

Our MILITARY Kids, Inc.

GRANT APPLICATION FOR CHILDREN OF FALLEN SERVICE MEMBERS

Please complete the following information, one application per child:

Child's Name:	Ma	le Fem	nale Birth	date:	
	Home phone number:				
Work/cell phone: Er					
Mailing Address:					
City:					
PLEASE VERIFY WHERE THE CHECK ADDRESS FROM WHERE TH					
Grant Request Amount: \$ Act	ivity: (i.e., soccer,dan	ce,tutoring	g)		
Organization Name:					
Make check payable to:					
Mailing Address:					
City:				Code:	
Point of Contact at organization:	_				
CONSENT of the contract of the	partment of Defense and/or	for a grant. I			
Military branch of fallen service member:					
Service member was deployed in support of: OEF (OIF OND GWO	(<i>'</i>		
Full printed name of person requesting grant	in signing this form for			ed name of child	
Signature I have attached a copy of ALL of the following documentatio a brochure or flyer from the organization providing the ac a copy of the child's military dependent ID OR birth cert A copy of DD FORM 1300 OR a copy of service member	ctivity ificate				
Completed and signed applications to be sent to:	Fax to:	Questions	s:		
Our Military Kids, Inc.	703-734-6503	Call: 703-7			
6861 Elm Street, Suite 2-A		Toll Free:	1-866-691-6654	!	

McLean, VA 22101

Email: omkinquiry @ourmilitarykids.org